

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 587

27 OF DEATH ND 74 RESIDENCE 473	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>89 yrs 69 yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
	C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION <b>Highland Manor Rest Home</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1411 E. Highland Avenue</b>			
2 EDENT 3 ONAL ATA 192	3. NAME OF DECEASED (TYPE OR PRINT) <b>Eliza C. AMBROSE</b>		4. SEX <b>Fem</b>		5. COLOR OR RACE <b>White</b>	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <b>Dec</b> DAY <b>6</b> YEAR <b>1862</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>92</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mississippi</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
4 555	14A. FATHER'S NAME <b>W. W. Shipp</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mississippi</b>		15A. MOTHER'S MAIDEN NAME <b>Mary Strother</b>	
	16. INFORMANT'S SIGNATURE <b>Julian M. Ambrose (son)</b> <b>1429 Gloria Dr. Santa Rosa, Calif.</b>		17. DATE OF DEATH (MONTH) <b>February</b> (DAY) <b>28</b> (YEAR) <b>1955</b>		13. SOCIAL SECURITY NO.	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Cerebral thromboses</b> DUE TO (B) <b>Synergous cause</b> DUE TO (C) <b>Carcinoma of skin of neck - lymph node involve throat</b> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
ATH M 18)	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>1-3-</b> 19 <b>54</b> , TO <b>Feb. 28</b> 19 <b>55</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>2-25</b> 19 <b>55</b> , AND THAT DEATH OCCURRED AT <b>6:05</b> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <b>Doris Rowe M.D.</b>		22B. ADDRESS <b>1313 N. 2nd St., Phoenix</b>		22C. DATE SIGNED <b>2/2/55</b>	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
IERAL CTOR 86 ND STRAR 2 169	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>3/5/55</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>	
	26A. DATE REC. BY LOCAL REG. <b>3/3/55</b>		26B. REGISTRAR'S SIGNATURE <b>Buriah Johnston</b>		26C. FUNEAL DIRECTOR'S SIGNATURE <b>Fred E. Warren</b>	
	26D. DATE REC. BY LOCAL REG.		26E. REGISTRAR'S SIGNATURE		26F. FUNEAL DIRECTOR'S SIGNATURE	